

Work Order ID 120526

120526

Page 1

Wednesday, June 04, 2014 3:07:38 PM

Item ID: D4002-5 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Hose Assembly
 Start Date: 6/25/14 Start Qty: 5.00 ***5*** Cust Item ID:
 Required Date: 6/25/14 Req'd Qty: 5.00 ***5*** Customer:
 Reference:

Approvals: Process Plan: ML5 Date: 14-06-09 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4002	D

100 0.00

100

Purchasing

Purchasing

Memo

Issue P/O: 24530
 Purchase part as per Dwg D4002
 Part #:156003-6D-0102
 Possible Supplier: Aviall / API
 Material release note required

0.00

CL 14/06/10 S

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

14/6/17 (5)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Wednesday, June 04, 2014 3:07:38 PM

Item ID: D4002-5

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Hose Assembly

Stop *NS2*

Start Date: 6/25/14 **Start Qty:** 5.00

5

Cust Item ID:

Required Date: 6/25/14 **Req'd Qty:** 5.00

5

Customer:

Reference:

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/
Work Center ID

Operation Description

Set Up/ Run Hours

Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
---------	--------	-----------	------------	------------	---------------	-------------

120

QC6- Inspect dimensions to drawing

0.00

120

QC

Memo

0.00

Quality Control

125

0.00

125

Small Fab

Memo

0.00

Small Fab

INSTALL DART LOGO AND HEAT SHRINK AS PER DWG

127

QC5- Inspect part completeness to step on W/O

0.00

127

QC

Memo

0.00

Quality Control

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design <input type="checkbox"/>									
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Handling/Pre <input type="checkbox"/>									
Material <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Offset/Setup <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Transport <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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#14-6-19

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____

Picklist Print

Wednesday, June 04, 2014 3:07:37 PM

Page 1

Work Order ID: 120526

120526

Parent Item: D4002-5

D4002-5

Parent Item Name: Hose Assembly

Start Date: 6/25/14

Required Date: 6/25/14

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP rev A 09.12.23 new Issue Prelim EC verified by: DD IPP rev B
10.05.13 ecn10-562 EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156003-6D0102		Purchased	No			110	Each	0.0000	1	5			
156003-6D0102									**				
Hose Assembly													
D2182-045		Manufactured	No			130	Each	0.0000	1	5			
D2182-045									**				
Heat Shrink 4.5" Long													

Pay 6/17 @

M 26009

5 FF 14-08-10

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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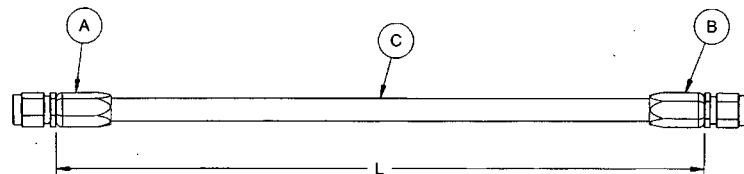
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

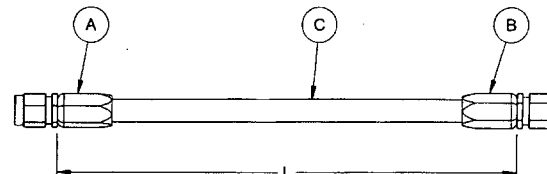
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4002-1	REF JCA-M47-1-13
D4002-3	REF JCA-M47-1-16
D4002-5	JCA-M47-2-13
D4002-7	JCA-M47-2-25

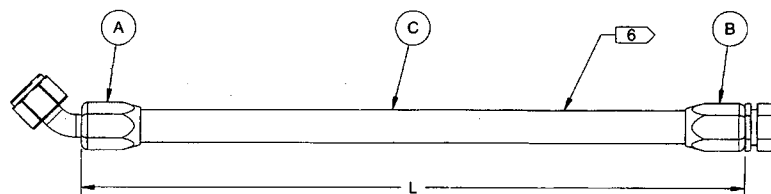
SPECIFICATION CONTROL DRAWING



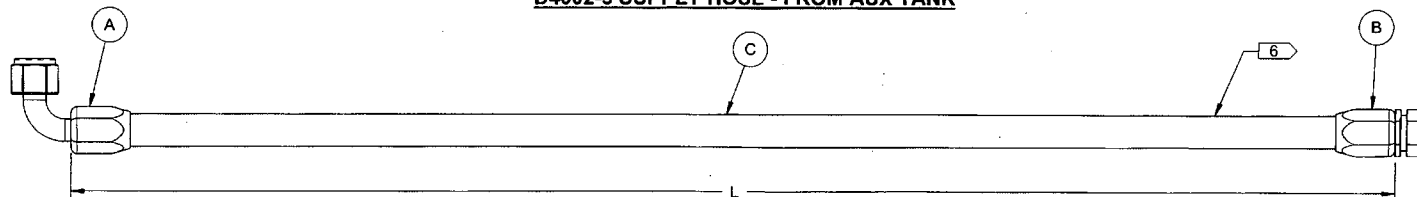
D4002-1 HOSE ASSEMBLY



D4002-3 HOSE ASSEMBLY



D4002-5 SUPPLY HOSE - FROM AUX TANK



D4002-7 SUPPLY HOSE - PUMP TO MAIN TANK FILLER NECK

DART PART NUMBER	STRATOFLEX PART NUMBER	POSSIBLE VENDOR	LENGTH "L"	END FITTING "A"	END FITTING "B"	HOSE "C"	WEIGHT
D4002-1	156001-3S-0185	AVIALL/API	17.90	676-3S	676-3S	156-3	0.16 lbs
D4002-3	156001-3S-0154	AVIALL/API	14.76	676-3S	676-3S	156-3	0.15 lbs
D4002-5	156003-6D-0102	AVIALL/API	8.94	678-6D	676-6D	156-6	0.13 lbs
D4002-7	156005-6D-0213	AVIALL/API	20.31	680-6D	676-6D	156-6	0.19 lbs

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N AND B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 7) WEIGHT: SEE TABLE

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 1701526

MLJ
1406-09

RELEASED
2011-11-16

DESIGN	<i>SC</i>	DART AEROSPACE LTD	
DRAWN	<i>SC</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>SC</i>	DRAWING NO. D4002	REV. D
MFG. APPR.	<i>SC</i>		SHEET 2 OF 2
APPROVED	<i>SC</i>	TITLE HOSE ASSEMBLY	SCALE
DE APPR.	<i>SC</i>		NTS
DATE	11.10.06	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMBINED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO24530

Purchase Order Date 6/10/2014

PO Print Date 6/10/2014

Page Number 2 of 3

Order From :

AVIALL
PO BOX 842275

DALLAS, TX 75284-2275
USA

VU-AVI003

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 905-676-1695

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax #

10127-2607

Terms

Net 30

Currency

USD

FOB

FCA - (Free Carrier)

Line Total: \$342.92

4 156003-6D0102

Hose Assembly

6/16/2014

5.00

\$141.24

\$706.20

Yes

Each

6/16/2014

AS PER DWG D4002 REV. D
B120526

Line Total: \$706.20

5 193-8

Stratoflex

6/16/2014

10.00

\$5.49

\$54.90

Yes

f

6/16/2014

AS PER DWG D4063 REV.A
B120568

1 PCS OF 10 FT

Line Total: \$54.90

PO Instructions:

Note:

6/10/2014



PACKING LIST



DELIVERY NUMBER: 8000530350

ROUTE: US FedEx International Priority

PAGE:1 of 2

DATE:06/16/2014

TIME:16:15:47

EMP:00013610

ORD TYP: ZOR 169

CURRENCY:USD

CUSTOMER PO:24530
ORDER NUMBER:1000378126
ORDER DATE:06/12/2014

B 10003952
I DART AEROSPACE LTD
L 1270 ABERDEEN STREET
L HAWKESBURY ON K6A 1K7
T CANADA
O

S 10003952
H DART AEROSPACE LTD
I 1270 ABERDEEN STREET
P HAWKESBURY ON K6A 1K7
T CANADA
O

S 1009
H AVIALL DALLAS HOSE SHOP
I DALLAS HOSE SHOP
P 2755 REGENT BLVD
FROM DFW AIRPORT TX 75261-9048
USA

LINE	PO LINE	MFG	ITEM DESCRIPTION	ORDER QUANTITY	SHIP QUANTITY	QUANTITY BACK ORDER	UOM	LIST PRICE	CUSTOMER PRICE	EXTENDED CUSTOMER PRICE
000010	10	1S	156001-6D0121 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		84.52	338.08
			TEST BATCH 100017425		4					
000020	20	1S	156005-6D0350 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		172.56	690.24
			TEST BATCH 100017426		4					
000030	30	1S	156001-6D0130 HOSE: MED PRESSURE,RUBBER	4	4	0	EA		85.73	342.92
			TEST BATCH 100017427		4					
000040	40	1S	156003-6D0102 HOSE: MED PRESSURE,RUBBER	5	5	0	EA		141.24	706.20
			TEST		5					

This is not an Invoice.
For payment processing, please refer to Invoice.

The recipient of these goods agrees to comply with all export regulations governing the transfer, sale, lease, or use of these goods.
Diversion contrary to U.S. Law is prohibited.

CERTIFICATE OF CONFORMANCE

It is hereby certified that Aviall Services, Inc., is an approved distributor and meets all requirements of ISO9001, AS9100, AS9120 and AC 00-56 at 2750 Regent Blvd. DFW Airport, Texas. The products, articles or parts referenced on this document are in new or overhauled condition and were purchased from an approved source (FAA, EASA, TCCA, Mil Spec or Commercial). The Original Manufacturers' Certifications are maintained on file at our central office location, and copies are available upon request or at Aviall.com. For overhauled or repaired products, articles or parts, the original FAA 8130-3 / EASA Form 1 (Return to Service) or Yellow Tag, from the FAA/JAA/EASA approved Air Agency are attached to the component.

DISCOUNT TERMS APPLY ONLY TO SUB TOTAL. ALL
RETURNED MERCHANDISE SUBJECT TO HANDLING
FEE.
THIS IS TO CERTIFY THAT AVIALL HAS COMPLIED WITH
THE PROVISIONS OF THE FAIR LABOR ACT OF 1938
AMENDED.

CUSTOMER COPY



Hose Shop 2755 Regent Blvd. DFW Airport 75261

Phone 972-586-1380 Fax 972-586-1381 www.aviall.com

TSO CERTIFICATION

It is hereby certified that (A) The parts and/or materials reflected herein were produced under Federal Aviation Administration approved manufacturing and quality control system/methods as set forth in the FAA issued technical standard order authorizations (TSOA) issued to Stratoflex and (B) such part and/or materials are new and are in condition for safe operation.

Customer Order Number: 1000378126

1. 156001-6D0121 4EA.
2. 156005-6D0350 4EA.
3. 156001-6D0130 4EA.
4. 156003-6D0102 5EA.

Signed: _____

Date: 6-16-14

"Aviall is not providing OEM parts. Aviall is an authorized Stratoflex distributor providing TSO assemblies. Numbers referenced per customer requirements are for customer reference ONLY and are in no way intended to be represented as OEM parts. Any reference to an OEM part number does not authorize or reflect installation authority for this part. The installation authority is provided by the mechanic installing this product in accordance with FAR Part 43".

If applicable, satisfactory compliance with the conditions and tests required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

FORM# CERT -001